

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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CITY OF SAN ANTONIO
CITY CLERK
2004 JAN 15 PM 4:04

| | | | | | |
|---|---|---|---|------------------------------------|---|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) 77777777 | | 2 Total pages this report: 1/51 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE FIRST MI Edward NICKNAME LAST SUFFIX Garza | | | | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged |
| | 4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O Box 120003 <input type="checkbox"/> Change of Address San Antonio TX 78212 | | | | |
| 5 CAMPAIGN TREASURER NAME | TITLE FIRST MI Mrs. Edith M. NICKNAME LAST SUFFIX McAllister | | | | |
| | 6 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 203 Terrell Rd. San Antonio TX 78209 | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 444-2792 | | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | |
| 9 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07/01/2003 12/31/2003 | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) Other -- Mayor, City of San Antonio, TX | | 12 OFFICE SOUGHT (if known) | | |
| 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. | | | | |
| | Name | | | | |
| | Address/PO Box; Apt. / Suite #; City; State; Zip Code | | | | |
| <input type="checkbox"/> additional pages | | | | | |
| GO TO PAGE 2 | | | | | |

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH**2004 JAN 15 PM 4:05
COVER SHEET PG 2

| | | | |
|--|--|---|--------------|
| 14 C/OH NAME EDWARD GARZA | | 15 ACCOUNT # (Ethics Commission files) 77777777 | |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | <p>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</p> | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.) | | | |
| 18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 19,670.00 |
| | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 50,959.63 |
| | 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 |

19 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said EDWARD D. GARZA, this the 15th day of JANUARY, 20 04, to certify which, witness my hand and seal of office.


Signature of officer administering oath

MELISSA D. CABELLO-HAVORDA
Printed name of officer administering oath

NOTARY
Title of officer administering oath

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CITY CLERK

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

2004 JAN 15 PM 4:05

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report. 3/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (if Ethics Commission files) 77777777 | |
| 4 Date 12/03/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pamela Bain 6 Contributor address; City; State; Zip Code 1026 Central Pky San Antonio TX 78232 | 7 Amount of contribution (\$) 70.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 11/15/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joann Boone Contributor address; City; State; Zip Code 19230 Autumn Gdn. San Antonio TX 78258 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 12/03/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jesse Covarrubias Contributor address; City; State; Zip Code 204 Shalimar San Antonio TX 78213 | Amount of contribution (\$) 200.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 12/03/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Don Durden Contributor address; City; State; Zip Code 411 FM 473 Comfort TX 78013 | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Louis Escareno Contributor address; City; State; Zip Code 2717 W Martin San Antonio TX 78207 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

2004 JAN 15 PM 4:05

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|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report. 4/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 11/17/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) F. M. Fischer III 6 Contributor address; City; State; Zip Code 2248 W. Magnolia San Antonio TX 78201 | 7 Amount of contribution (\$) 500.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 12/03/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John German Contributor address; City; State; Zip Code 2115 Encino Cliff San Antonio TX 78259 | Amount of contribution (\$) 150.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thomas Giamboi Contributor address; City; State; Zip Code 3312 Bryker Dr. Austin TX 78703 | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Grande Communications Networks PAC Contributor address; City; State; Zip Code 401 Carlson Cr. San Marcos TX 78666 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gloria Herrera Contributor address; City; State; Zip Code 14914 Lantern Lane San Antonio TX 78248 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

2004 JAN 15 PM 4:05
(FOR FORMS CDH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report. 5/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (if this Commission filer) 77777777 | |
| 4 Date 11/17/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hill-Granados Retail Partners,LP 6 Contributor address; City; State; Zip Code 10223 McAllister Frwy San Antonio TX 78216 | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) KBSA PAC Contributor address; City; State; Zip Code P O box 5250 San Antonio TX 78201 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Land Tiger Holdings,LLC Contributor address; City; State; Zip Code 5710 NW Expressway San Antonio TX 78201 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) G. W. Lee Jr. Contributor address; City; State; Zip Code 1226 E. Sunshine San Antonio TX 78228 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Henry Munoz III Contributor address; City; State; Zip Code 800 NW Loop 410 San Antonio TX 78216 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

2004 JAN 15 PM 4:05
(For Forms C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 6/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 11/17/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bobby Perez 6 Contributor address; City; State; Zip Code P O Box 5344 San Antonio TX 78201 | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Isacc Ramirez Contributor address; City; State; Zip Code c/o 2161 N. W. Military Hwy #111 San Antonio TX 78213 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) San Antonio Firefighters PAC Contributor address; City; State; Zip Code 8925 W IH 10 San Antonio TX 78230 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Baltazar Serna Jr. Contributor address; City; State; Zip Code 120 Villita San Antonio TX 78205 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Starr Contributor address; City; State; Zip Code 161 N W Military Hwy San Antonio TX 78213 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2004 JAN 15 PM 4:05 SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages this report: 7/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission files) 77777777 | |
| 4 Date 11/17/2003 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Edward Torres 6 Contributor address; City; State; Zip Code 3206 Falling Brook Dr. San Antonio TX 78258 | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation (Optional) | | 10 Employer (Optional) | |
| Date 12/03/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richard Vensas Contributor address; City; State; Zip Code 15365 Mutiny Ct. Corpus Christi TX 78418 | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Manuel Villa Contributor address; City; State; Zip Code 335 E. Terra Alta San Antonio TX 78209 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) G. W. Worth Jr. Contributor address; City; State; Zip Code 6929 Camp Bullis Road San Antonio TX 78256 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |
| Date 11/17/2003 | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chris Wyatt Contributor address; City; State; Zip Code c/o 2161 N. W. Military Hwy San Antonio TX 78213 | Amount of contribution (\$) 1000.00 | In-kind contribution description (if applicable) |
| Principal occupation (Optional) | | Employer (Optional) | |

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CITY OF SAN ANTONIO
CITY CLERK

Texas Ethics Commission

P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:05

SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 8/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 7777777 | |
| 4 Date 07/02/2003 | 5 Payee name Alamo Travel Group | 7 Amount (\$) 370.50 | |
| 6 Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 08/19/2003 | Payee name Alamo Travel Group | Amount (\$) 901.00 | |
| Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 09/09/2003 | Payee name Alamo Travel Group | Amount (\$) 1400.50 | |
| Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 09/15/2003 | Payee name Alamo Travel Group | Amount (\$) 370.00 | |
| Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:05 SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 9/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 09/23/2003 | 5 Payee name Alamo Travel Group 6 Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | 7 Amount (\$) 803.12 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/06/2003 | Payee name Alamo Travel Group Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | Amount (\$) 702.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/09/2003 | Payee name Alamo Travel Group Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | Amount (\$) 247.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/23/2003 | Payee name Alamo Travel Group Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | Amount (\$) 583.50 |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:05 SCHEDULE F

| | | | |
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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 10/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 11/18/2003 | 5 Payee name Alamo Travel Group | 7 Amount (\$) 521.00 | |
| 6 Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 12/16/2003 | Payee name Alamo Travel Group | Amount (\$) 444.38 | |
| Payee address; City; State; Zip Code 9000 Wurzbach Rd San Antonio TX 78240 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 07/17/2003 | Payee name Ruben Alfaro | Amount (\$) 150.00 | |
| Payee address; City; State; Zip Code 203 Upton San Antonio TX 78212 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Event Photographs | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 10/21/2003 | Payee name Ruben Alfaro | Amount (\$) 100.00 | |
| Payee address; City; State; Zip Code 203 Upton San Antonio TX 78212 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Event Photographs | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES**SCHEDULE F**

| | | |
|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report. 11/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 7777777 |
| 4 Date 12/02/2003 | 5 Payee name Bar-B-Que Patio 6 Payee address; City; State; Zip Code 8791 Old Pearsal Road San Antonio TX 78252 | 7 Amount (\$) 160.00 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Mayor's Business Luncheon | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/15/2003 | Payee name Berett Productions Payee address; City; State; Zip Code 1456 Tiger Lake Drive Gulf Breeze FL 32563 | Amount (\$) 911.82 |
| Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction Cards & Envelopes | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/02/2003 | Payee name Berett Productions Payee address; City; State; Zip Code 1456 Tiger Lake Drive Gulf Breeze FL 32563 | Amount (\$) 911.82 |
| Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction/Cards & Envelopes | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/22/2003 | Payee name Buono Dolce Sig. Desserts Payee address; City; State; Zip Code 951 Cincinnati Avenue San Antonio TX 78201 | Amount (\$) 40.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Business/Dining | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:05 SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 12/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 07/02/2003 | 5 Payee name C. P. S. 6 Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | 7 Amount (\$) 178.95 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Utilities | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 07/25/2003 | Payee name C. P. S. Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | Amount (\$) 65.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/APPA Dinner | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 07/28/2003 | Payee name C. P. S. Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | Amount (\$) 1.65 |
| Purpose of expenditure (See instructions regarding type of information required.) Utilities | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 08/19/2003 | Payee name C. P. S. Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | Amount (\$) 200.77 |
| Purpose of expenditure (See instructions regarding type of information required.) Utilities | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:06 **SCHEDULE F**

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 13/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 09/10/2003 | 5 Payee name C. P. S. 6 Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | 7 Amount (\$) 353.85 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Utilities | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/30/2003 | Payee name C. P. S. Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | Amount (\$) 6.08 |
| Purpose of expenditure (See instructions regarding type of information required.) Utilities | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/23/2003 | Payee name C. P. S. Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | Amount (\$) 11.79 |
| Purpose of expenditure (See instructions regarding type of information required.) Utilities | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/23/2003 | Payee name C. P. S. Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | Amount (\$) 247.64 |
| Purpose of expenditure (See instructions regarding type of information required.) Utilities | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES2004 JAN 15 PM 4:06 **SCHEDULE F**

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 14/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 12/02/2003 | 5 Payee name C. P. S. 6 Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | 7 Amount (\$) 5.99 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Utilities | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/11/2003 | Payee name C. P. S. Payee address; City; State; Zip Code P O Box 2678 San Antonio TX 78289 | Amount (\$) 220.27 |
| Purpose of expenditure (See instructions regarding type of information required.) Utilities | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/18/2003 | Payee name Melissa Cabello-Havrda Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 290.92 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/22/2003 | Payee name Melissa Cabello-Havrda Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 301.50 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:00 SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
15/51

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

4 Date
09/15/2003

5 Payee name
Angela Cardenas

7 Amount
(\$)
803.00

6 Payee address; City; State; Zip Code
701 Balcones #19
San Antonio TX 77845

8 Purpose of expenditure (See instructions regarding type of information required.)
Architectural model of downtown City of San Antonio - TX

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
07/30/2003

Payee name
Cavender Properties

Amount
(\$)
1500.00

Payee address; City; State; Zip Code
215 W Travis
San Antonio TX 78205

Purpose of expenditure (See instructions regarding type of information required.)
Rent

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
09/30/2003

Payee name
Cavender Properties

Amount
(\$)
1500.00

Payee address; City; State; Zip Code
215 W Travis
San Antonio TX 78205

Purpose of expenditure (See instructions regarding type of information required.)
Rent

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
09/30/2003

Payee name
Cavender Properties

Amount
(\$)
1500.00

Payee address; City; State; Zip Code
215 W Travis
San Antonio TX 78205

Purpose of expenditure (See instructions regarding type of information required.)
Rent

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

2004 JAN 15 PM 4:06

| | | | |
|--|--|--|----------------------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 16/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 7777777 | |
| 4 Date 08/07/2003 | 5 Payee name Churchill High School Charger Sports | | 7 Amount (\$) 145.00 |
| 6 Payee address; City; State; Zip Code 12049 Blanco Road San Antonio TX 78216 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Advertising | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 07/09/2003 | Payee name Cingular | | Amount (\$) 500.00 |
| Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 07/28/2003 | Payee name Cingular | | Amount (\$) 350.00 |
| Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 07/30/2003 | Payee name Cingular | | Amount (\$) 57.84 |
| Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES2004 JAN 15 PM 4:06 **SCHEDULE F**

| | | |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 17/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 08/18/2003 | 5 Payee name Cingular 6 Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265 | 7 Amount (\$) 785.36 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Telephone | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/15/2003 | Payee name Cingular Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265 | Amount (\$) 442.57 |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/24/2003 | Payee name Cingular Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265 | Amount (\$) 290.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/29/2003 | Payee name Cingular Payee address; City; State; Zip Code P O Box 659564 Dallas TX 75265 | Amount (\$) 359.72 |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:06 SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
18/512 FILER NAME
Edward Garza3 ACCOUNT # (Ethics Commission files)
777777774 Date
11/18/20035 Payee name
Cingular7 Amount
(\$)
270.006 Payee address; City; State; Zip Code
P O Box 659564
Dallas TX 752658 Purpose of expenditure (See instructions regarding type of
information required.)
Telephone9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
11/18/2003Payee name
CingularAmount
(\$)
390.30Payee address; City; State; Zip Code
P O Box 659564
Dallas TX 75265Purpose of expenditure (See instructions regarding type of
information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/02/2003Payee name
CingularAmount
(\$)
290.00Payee address; City; State; Zip Code
P O Box 659564
Dallas TX 75265Purpose of expenditure (See instructions regarding type of
information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/18/2003Payee name
CingularAmount
(\$)
168.31Payee address; City; State; Zip Code
P O Box 659564
Dallas TX 75265Purpose of expenditure (See instructions regarding type of
information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

2004 JAN 15 PM 4:06

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
19/51**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
07/01/2003**5** Payee name
City of San Antonio**7** Amount
(\$)
35.78**6** Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283**8** Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement/Mayor Business Travel**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

07/02/2003

Payee name
City of San AntonioAmount
(\$)
3.60Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement/Phone ChargesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

07/30/2003

Payee name
City of San AntonioAmount
(\$)
2.26Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement/TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

07/30/2003

Payee name
City of San AntonioAmount
(\$)
110.52Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement/Mayor Business TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

2004 JAN 15 PM 4:06

| | | |
|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 20/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 08/19/2003 | 5 Payee name City of San Antonio 6 Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | 7 Amount (\$) 10.36 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Telephone Charges | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/10/2003 | Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 35.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/17/2003 | Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 150.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/17/2003 | Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 100.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Mayor Conference Registration to N - ALED | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES2004 JAN 15 PM 4:05 **SCHEDULE F**

| | | |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 21/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 09/17/2003 | 5 Payee name City of San Antonio 6 Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | 7 Amount (\$) 240.00 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Mayor Membership in NLC | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/30/2003 | Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 2.52 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Phone Charges | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/14/2003 | Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 4214.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement <i>FOR FUNDRAISING EXPENDITURE</i> | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/18/2003 | Payee name City of San Antonio Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 752.50 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Mayor's Business Luncheon | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES**SCHEDULE F**

2004 JAN 15 PM 4:06

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 22/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 11/18/2003 | 5 Payee name City of San Antonio | 7 Amount (\$) 21.62 | |
| 6 Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Telephone | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 08/08/2003 | Payee name Clark Booster Club | Amount (\$) 85.00 | |
| Payee address; City; State; Zip Code 7 Inwood Moss San Antonio TX 78248 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 07/01/2003 | Payee name David Roa Pruitt Campaign | Amount (\$) 250.00 | |
| Payee address; City; State; Zip Code P O Box 2111 Colton CA 92324 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Campaign Contribution | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 07/31/2003 | Payee name Delta Airlines | Amount (\$) 197.50 | |
| Payee address; City; State; Zip Code Atlanta GA 30320 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES**SCHEDULE F**

2004 JAN 15 PM 4:05

| | | |
|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 23/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 11/05/2003 | 5 Payee name Delta Airlines 6 Payee address; City; State; Zip Code Atlanta GA 30320 | 7 Amount (\$) 420.00 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 08/08/2003 | Payee name Diamondbacker Sports Association Payee address; City; State; Zip Code 16919 Hidden Oak Woods San Antonio TX 78248 | Amount (\$) 145.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 08/08/2003 | Payee name East Central Athletic Program Payee address; City; State; Zip Code 7215 S WWWWhite Road San Antonio TX 78248 | Amount (\$) 330.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/23/2003 | Payee name Election Support Services Inc. Payee address; City; State; Zip Code 5309 McCullough San Antonio TX 78212 | Amount (\$) 539.38 |
| Purpose of expenditure (See instructions regarding type of information required.) Map Analysis | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2006 JAN 15 PM 06:06 SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
24/51

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

4 Date
07/27/2003

5 Payee name
Enterprise

7 Amount
(\$)
259.77

6 Payee address; City; State; Zip Code
520 S. Olive
Los Angeles CA 90013

8 Purpose of expenditure (See instructions regarding type of information required.)
Auto Rental

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
07/30/2003

Payee name
Enterprise

Amount
(\$)
144.29

Payee address; City; State; Zip Code
DFW Airport
Dallas TX 75261

Purpose of expenditure (See instructions regarding type of information required.)
Auto Rental

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
11/21/2003

Payee name
Enterprise

Amount
(\$)
152.59

Payee address; City; State; Zip Code
8601 Panair St
Houston TX 77061

Purpose of expenditure (See instructions regarding type of information required.)
Auto Rental

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
10/20/2003

Payee name
David Espinoza

Amount
(\$)
75.92

Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement/Office Expenses

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

2004 JAN 15 PM 1:06 SCHEDULE F

| | | |
|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 25/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 07/30/2003 | 5 Payee name Frost Bank 6 Payee address; City; State; Zip Code San Antonio TX 78212 | 7 Amount (\$) 52.50 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Printing/Checks | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/21/2003 | Payee name Frost Bank Payee address; City; State; Zip Code San Antonio TX 78212 | Amount (\$) 1.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Service Charge | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/07/2003 | Payee name Ed Garza Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 102.84 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/18/2003 | Payee name Ed Garza Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | Amount (\$) 8.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:06

SCHEDULE F

| | | | |
|---|--------------------------|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 26/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 11/18/2003 | 5 Payee name Ed Garza | 7 Amount (\$) 102.84 | |
| 6 Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Business Travel | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 11/18/2003 | Payee name Ed Garza | Amount (\$) 519.25 | |
| Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement - Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 11/18/2003 | Payee name Ed Garza | Amount (\$) 253.81 | |
| Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Travel Reimbursement - Auto Rental | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 11/19/2003 | Payee name Ed Garza | Amount (\$) 229.11 | |
| Payee address; City; State; Zip Code P O Box 839966 San Antonio TX 78283 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Travel Reimbursement - Auto Rental | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES

2004 JAN 15 PM 1:06 SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report.
27/51

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

4 Date
07/01/2003

5 Payee name
Gaylord Opryland

7 Amount
(\$)
601.40

6 Payee address; City; State; Zip Code
2800 Opryland Drive
Nashville TN 37214

8 Purpose of expenditure (See instructions regarding type of information required.)
Business Travel

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
11/10/2003

Payee name
Hilton Hotel

Amount
(\$)
1241.87

Payee address; City; State; Zip Code
1335 Ave of the Americas
New York NY 10019

Purpose of expenditure (See instructions regarding type of information required.)
Business Travel

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
07/15/2003

Payee name
Hilton New Orleans Riverside

Amount
(\$)
126.17

Payee address; City; State; Zip Code
2 Poydras Street
New Orleans LA 70140

Purpose of expenditure (See instructions regarding type of information required.)
Business Travel

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
09/09/2003

Payee name
Hotel Washington

Amount
(\$)
194.93

Payee address; City; State; Zip Code
515 15th Street NW
Washington DC 20004

Purpose of expenditure (See instructions regarding type of information required.)
Business Travel

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:06

SCHEDULE F

| | | | |
|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 28/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 09/10/2003 | 5 Payee name L. U. L. A. C. Council | 7 Amount (\$) 150.00 | |
| 6 Payee address; City; State; Zip Code 11514 Jones Maltsberger San Antonio TX 78216 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Advertising | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 09/09/2003 | Payee name La Prensa Newspaper | Amount (\$) 160.00 | |
| Payee address; City; State; Zip Code 318 S Flores San Antonio TX 78204 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 08/07/2003 | Payee name Lanier High School | Amount (\$) 70.00 | |
| Payee address; City; State; Zip Code 1514 W.Durango Blvd. San Antonio TX 78207 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 12/03/2003 | Payee name Joe Lopez | Amount (\$) 1000.00 | |
| Payee address; City; State; Zip Code 1913 S. Flores San Antonio TX 78204 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Art Works | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES2004 JAN 15 PM 4:06 **SCHEDULE F**

| | | | |
|--|-----------------------------------|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 29/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 07/29/2003 | 5 Payee name Chris Madrids | 7 Amount (\$) 106.89 | |
| 6 Payee address; City; State; Zip Code 1900 Blanco San Antonio TX 78212 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 09/29/2003 | Payee name Chris Madrids | Amount (\$) 87.42 | |
| Payee address; City; State; Zip Code 1900 Blanco San Antonio TX 78212 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 07/27/2003 | Payee name Millennium Biltmore | Amount (\$) 500.27 | |
| Payee address; City; State; Zip Code 506 S Grand Los Angeles CA 90071 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 07/28/2003 | Payee name Eva Neubert | Amount (\$) 1000.00 | |
| Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Salary | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:06 **SCHEDULE F**

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|--|------------------------------------|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 30/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 7777777 | |
| 4 Date 07/28/2003 | 5 Payee name Eva Neubert | 7 Amount (\$) 78.08 | |
| 6 Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursements/Office Expenses | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 08/31/2003 | Payee name Eva Neubert | Amount (\$) 1000.00 | |
| Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Salary | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 09/18/2003 | Payee name Eva Neubert | Amount (\$) 55.56 | |
| Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 09/23/2003 | Payee name Eva Neubert | Amount (\$) 10.31 | |
| Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:06 **SCHEDULE F**

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|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 31/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 09/29/2003 | 5 Payee name Eva Neubert 6 Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | 7 Amount (\$) 1000.00 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Salary | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/23/2003 | Payee name Eva Neubert Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | Amount (\$) 63.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/03/2003 | Payee name Eva Neubert Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | Amount (\$) 1000.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Salary | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/18/2003 | Payee name Eva Neubert Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | Amount (\$) 22.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES2004 JAN 15 PM 4:56
SCHEDULE F

| | | |
|--|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 32/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 12/01/2003 | 5 Payee name Eva Neubert 6 Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | 7 Amount (\$) 1000.00 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Salary | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/01/2003 | Payee name Eva Neubert Payee address; City; State; Zip Code 1223 Avenue B San Antonio TX 78215 | Amount (\$) 10.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Reimbursement/Office Expenses | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 08/16/2003 | Payee name Omni Hotel Payee address; City; State; Zip Code 1590 LBJ Freeway Dallas TX 75234 | Amount (\$) 190.08 |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/28/2003 | Payee name Omni Hotel Payee address; City; State; Zip Code 1590 LBJ Freeway Dallas TX 75234 | Amount (\$) 308.39 |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES2004 JAN 15 PM 4:06 **SCHEDULE F**

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|---|-----------------------------------|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 33/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 10/11/2003 | 5 Payee name Omni Hotel | 7 Amount (\$) 205.20 | |
| 6 Payee address; City; State; Zip Code Four Riverway Houston TX 77056 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 11/23/2003 | Payee name Omni Hotel | Amount (\$) 177.84 | |
| Payee address; City; State; Zip Code Four Riverway Houston TX 77056 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 08/02/2003 | Payee name Omni Mandalay Hotel | Amount (\$) 216.77 | |
| Payee address; City; State; Zip Code 221 E Las Colinas Blvd Irving TX 75039 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 09/07/2003 | Payee name Omni Mandalay Hotel | Amount (\$) 552.88 | |
| Payee address; City; State; Zip Code 221 E Las Colinas Blvd Irving TX 75039 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES2004 JAN 15 PM 4:08 **SCHEDULE F**

| | | |
|--|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 34/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 07/02/2003 | 5 Payee name One Day Signs 6 Payee address; City; State; Zip Code 8800 Broadway #110 San Antonio TX 78217 | 7 Amount (\$) 210.00 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Advertising | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 07/28/2003 | Payee name Overstreet Studios Payee address; City; State; Zip Code 8126 Broadway San Antonio TX 78209 | Amount (\$) 392.50 |
| Purpose of expenditure (See instructions regarding type of information required.) Photographs | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/18/2003 | Payee name Overstreet Studios Payee address; City; State; Zip Code 8126 Broadway San Antonio TX 78209 | Amount (\$) 40.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Photograph | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 07/07/2003 | Payee name Plaza Club Payee address; City; State; Zip Code 2100 Frost Bank Tower San Antonio TX 78205 | Amount (\$) 88.73 |
| Purpose of expenditure (See instructions regarding type of information required.) Membership Dues/Business Dining | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:07 SCHEDULE F

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|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 35/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 7777777 |
| 4 Date 08/19/2003 | 5 Payee name Plaza Club 6 Payee address; City; State; Zip Code 2100 Frost Bank Tower San Antonio TX 78205 | 7 Amount (\$) 88.75 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Membership/Business Dining | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/09/2003 | Payee name Plaza Club Payee address; City; State; Zip Code 2100Frost Bank Tower San Antonio TX 78205 | Amount (\$) 88.71 |
| Purpose of expenditure (See instructions regarding type of information required.) Membership/Business Dining | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/06/2003 | Payee name Plaza Club Payee address; City; State; Zip Code 2100 Frost Bank Tower San Antonio TX 78205 | Amount (\$) 88.73 |
| Purpose of expenditure (See instructions regarding type of information required.) Membership/Business Dining | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/06/2003 | Payee name Plaza Club Payee address; City; State; Zip Code 2100 Frost Bank Tower San Antonio TX 78205 | Amount (\$) 115.89 |
| Purpose of expenditure (See instructions regarding type of information required.) Membership/Business Dining | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4: 07

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
36/51**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
12/11/2003**5** Payee name
Plaza Club**7** Amount
(\$)
90.89**6** Payee address; City; State; Zip Code
2100 Frost Bank Tower
San Antonio TX 78205**8** Purpose of expenditure (See instructions regarding type of information required.)
Membership/Business Dining**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
07/02/2003Payee name
Point South Mountain HotelAmount
(\$)
217.11Payee address; City; State; Zip Code
7777 S Pointe Pky
Phoenix AZ 85044Purpose of expenditure (See instructions regarding type of information required.)
Business TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
09/29/2003Payee name
Leilah PowellAmount
(\$)
58.40Payee address; City; State; Zip Code
P O Box 839966
San Antonio TX 78283Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement/Office ExpensesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/08/2003Payee name
R. J. PublicationsAmount
(\$)
600.00Payee address; City; State; Zip Code
P O Box A56
Bulverde TX 78263Purpose of expenditure (See instructions regarding type of information required.)
AdvertisingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES2004 JAN 15 PM 3:00
SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
37/51**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
08/19/2003**5** Payee name
RTC Floristry**7** Amount
(\$)
8.50**6** Payee address; City; State; Zip Code
1420 Fredericksburg
San Antonio TX 78201**8** Purpose of expenditure (See instructions regarding type of information required.)
Flowers**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/19/2003Payee name
RTC FloristryAmount
(\$)
8.50Payee address; City; State; Zip Code
1420 Fredericksburg
San Antonio TX 78201Purpose of expenditure (See instructions regarding type of information required.)
FlowersComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/08/2003Payee name
Roosevelt Booster ClubAmount
(\$)
125.00Payee address; City; State; Zip Code
2105 B Pat Booker Rd
Unniversal City TX 78148Purpose of expenditure (See instructions regarding type of information required.)
AdvertisingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
07/07/2003Payee name
SBCAmount
(\$)
142.86Payee address; City; State; Zip Code
P O Box 4844
Houston TX 77097Purpose of expenditure (See instructions regarding type of information required.)
TelephoneComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES2004 JAN 15 PM 4:07 **SCHEDULE F**

| | | |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 38/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 7777777 |
| 4 Date 07/28/2003 | 5 Payee name SBC 6 Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | 7 Amount (\$) 47.04 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Telephone | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 08/19/2003 | Payee name SBC Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | Amount (\$) 143.07 |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 08/25/2003 | Payee name SBC Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | Amount (\$) 47.03 |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/09/2003 | Payee name SBC Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | Amount (\$) 143.79 |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 SCHEDULE F PM 4:07

| | | |
|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 39/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 7777777 |
| 4 Date 09/24/2003 | 5 Payee name SBC 6 Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | 7 Amount (\$) 47.03 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Telephone | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/06/2003 | Payee name SBC Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | Amount (\$) 143.59 |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/23/2003 | Payee name SBC Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | Amount (\$) 47.01 |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/05/2003 | Payee name SBC Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | Amount (\$) 143.54 |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:07

SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 40/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 11/24/2003 | 5 Payee name SBC 6 Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | 7 Amount (\$) 47.02 | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Telephone | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 12/11/2003 | Payee name SBC Payee address; City; State; Zip Code P O Box 4844 Houston TX 77097 | Amount (\$) 144.99 | |
| Purpose of expenditure (See instructions regarding type of information required.) Telephone | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 10/03/2003 | Payee name San Antonio Alliance of Teachers Payee address; City; State; Zip Code 120 Adams San Antonio TX 78210 | Amount (\$) 125.00 | |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 08/22/2003 | Payee name San Antonio Express News Payee address; City; State; Zip Code P O Box 2171 San Antonio TX 78297 | Amount (\$) 170.00 | |
| Purpose of expenditure (See instructions regarding type of information required.) Photographs | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES**SCHEDULE F**

2004 JAN 15 PM 4:07

The INSTRUCTION GUIDE explains how to complete this form.**1** Total pages report:
41/51**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
12/02/2003**5** Payee name
San Antonio Post Newspaper**7** Amount
(\$)
200.00**6** Payee address; City; State; Zip Code
P O Box 14463
San Antonio TX 78214**8** Purpose of expenditure (See instructions regarding type of information required.)
Advertising**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/22/2003

Payee name

Sea Island

Amount

(\$)
89.97

Payee address; City; State; Zip Code

322 W Rector

San Antonio TX 78216

Purpose of expenditure (See instructions regarding type of information required.)
Mayor's Business LuncheonComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

07/30/2003

Payee name

Security One

Amount

(\$)
26.97

Payee address; City; State; Zip Code

P O Box 23280

San Antonio TX 78223

Purpose of expenditure (See instructions regarding type of information required.)
Building SecurityComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

09/02/2003

Payee name

Security One

Amount

(\$)
26.97

Payee address; City; State; Zip Code

P O Box 23280

San Antonio TX 78223

Purpose of expenditure (See instructions regarding type of information required.)
Building SecurityComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES2004 JAN 15 PM 4: 07 **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
42/51**2** FILER NAME
Edward Garza**3** ACCOUNT # (Ethics Commission filers)
77777777**4** Date
09/30/2003**5** Payee name
Security One**7** Amount
(\$)
26.97**6** Payee address; City; State; Zip Code
P O Box 23280
San Antonio TX 78223**8** Purpose of expenditure (See instructions regarding type of information required.)
Building Security**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
11/05/2003Payee name
Security OneAmount
(\$)
26.97Payee address; City; State; Zip Code
P O Box 23280
San Antonio TX 78223Purpose of expenditure (See instructions regarding type of information required.)
Building SecurityComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/01/2003Payee name
Security OneAmount
(\$)
26.97Payee address; City; State; Zip Code
P O Box 23280
San Antonio TX 78223Purpose of expenditure (See instructions regarding type of information required.)
Building SecurityComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/18/2003Payee name
Sheriton Gateway HotelAmount
(\$)
193.94Payee address; City; State; Zip Code
6101 W Century Blvd
Los Angeles CA 90045Purpose of expenditure (See instructions regarding type of information required.)
Business TravelComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES**SCHEDULE F**

2004 JAN 15 PM 4:07

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|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 43/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 7777777 | |
| 4 Date 12/16/2003 | 5 Payee name South Trust Bank | 7 Amount (\$) 300.00 | |
| 6 Payee address; City; State; Zip Code San Antonio TX | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Research account records | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 10/27/2003 | Payee name Southside Athletic Booster Club | Amount (\$) 100.00 | |
| Payee address; City; State; Zip Code 1460 Martinez-Losoya Road San Antonio TX 78221 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 08/08/2003 | Payee name Southwest High School Football Program | Amount (\$) 330.00 | |
| Payee address; City; State; Zip Code 7215 S WWWWhite Road San Antonio TX 78215 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 12/18/2003 | Payee name Southwest Trust Bank | Amount (\$) 60.00 | |
| Payee address; City; State; Zip Code San Antonio TX 78209 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Research Records | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES2004 JAN 15 PM 4:07 **SCHEDULE F**

| | | |
|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 44/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 08/18/2003 | 5 Payee name St. Regis Hotel 6 Payee address; City; State; Zip Code 1919 Briar Oaks Ln. Houston TX 77027 | 7 Amount (\$) 497.44 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Business Travel | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 07/28/2003 | Payee name Suchy's Flowers Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201 | Amount (\$) 142.93 |
| Purpose of expenditure (See instructions regarding type of information required.) Flowers | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 08/19/2003 | Payee name Suchy's Flowers Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201 | Amount (\$) 350.04 |
| Purpose of expenditure (See instructions regarding type of information required.) Flowers | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 09/09/2003 | Payee name Suchy's Flowers Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201 | Amount (\$) 162.88 |
| Purpose of expenditure (See instructions regarding type of information required.) Flowers | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES**SCHEDULE F**

2004 JAN 15 PM 4:07

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|--|---------------------------------|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 45/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 10/06/2003 | 5 Payee name Suchy's Flowers | 7 Amount (\$) 115.42 | |
| 6 Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Flowers | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 11/06/2003 | Payee name Suchy's Flowers | Amount (\$) 203.35 | |
| Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Flowers | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 11/24/2003 | Payee name Suchy's Flowers | Amount (\$) 80.91 | |
| Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Flowers | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 12/02/2003 | Payee name Suchy's Flowers | Amount (\$) 30.74 | |
| Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Flowers | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES**SCHEDULE F**

2004 JAN 15 PM 4:07

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|--|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 46/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 12/18/2003 | 5 Payee name Suchy's Flowers 6 Payee address; City; State; Zip Code 955 Cincinnati Avenue San Antonio TX 78201 | 7 Amount (\$) 566.30 | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Flowers | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 08/08/2003 | Payee name Taft Raiders Athletic Boosters Payee address; City; State; Zip Code 11600 Farm Rd 471 W San Antonio TX 78253 | Amount (\$) 70.00 | |
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 11/26/2003 | Payee name Texas Recharge & Toner Inc Payee address; City; State; Zip Code 4234 Center Gate San Antonio TX 78217 | Amount (\$) 129.34 | |
| Purpose of expenditure (See instructions regarding type of information required.) Office Supplies | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 12/15/2003 | Payee name The Argyle Payee address; City; State; Zip Code 934 Patterson Avenue San Antonio TX 78209 | Amount (\$) 25.00 | |
| Purpose of expenditure (See instructions regarding type of information required.) Rental of Power Point Equipment | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:50
SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
47/51

2 FILER NAME
Edward Garza

3 ACCOUNT # (Ethics Commission filers)
77777777

| | | |
|-----------------------------|---|-----------------------------------|
| 4 Date 10/28/2003 | 5 Payee name The Palmer House | 7 Amount (\$) 500.71 |
| | 6 Payee address; City; State; Zip Code 17 E Monroe Street Chicago IL 60603 | |

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|---|---|
| 8 Purpose of expenditure (See instructions regarding type of information required.) Business Travel | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

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|--------------------|--|--------------------------|
| Date 08/08/2003 | Payee name Thomas Jefferson Booster Club | Amount (\$) 100.00 |
| | Payee address; City; State; Zip Code San Antonio TX | |

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|--|--|
| Purpose of expenditure (See instructions regarding type of information required.) Advertising | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
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|--------------------|---|--------------------------|
| Date 07/28/2003 | Payee name Time Warner Cable | Amount (\$) 164.66 |
| | Payee address; City; State; Zip Code P O Box 650734 Dallas TX 75265 | |

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|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Cable/Roadrunner | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

| | | |
|--------------------|---|--------------------------|
| Date 08/25/2003 | Payee name Time Warner Cable | Amount (\$) 164.66 |
| | Payee address; City; State; Zip Code P O Box 650734 Dallas TX 75265 | |

| | |
|---|--|
| Purpose of expenditure (See instructions regarding type of information required.) Cable/Roadrunner | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|--|

POLITICAL EXPENDITURES2004 JAN 15 PM 4:07 **SCHEDULE F**

| | | |
|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 48/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 09/23/2003 | 5 Payee name Time Warner Cable 6 Payee address; City; State; Zip Code P O Box 650734 Dallas TX 75265 | 7 Amount (\$) 164.54 |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Cable/Roadrunner | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/23/2003 | Payee name Time Warner Cable Payee address; City; State; Zip Code P O Box 650734 Dallas TX 75265 | Amount (\$) 164.55 |
| Purpose of expenditure (See instructions regarding type of information required.) Cable/Roadrunner | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/24/2003 | Payee name Time Warner Cable Payee address; City; State; Zip Code P O Box 650734 Dallas TX 75265 | Amount (\$) 164.55 |
| Purpose of expenditure (See instructions regarding type of information required.) Cable/Roadrunner | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/13/2003 | Payee name U S Military Vet Parade Association Payee address; City; State; Zip Code 107 Sutton Drive San Antonio TX 78228 | Amount (\$) 80.00 |
| Purpose of expenditure (See instructions regarding type of information required.) Parade Participation Fee for Mayor | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES

2004 JAN 15 PM 4:07 SCHEDULE F

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|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 49/51 | |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 | |
| 4 Date 12/02/2003 | 5 Payee name U S Postal Service | 7 Amount (\$) 740.00 | |
| 6 Payee address; City; State; Zip Code Laurel Heights San Antonio TX 78212 | | | |
| 8 Purpose of expenditure (See instructions regarding type of information required.) Stamps | | 9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 12/17/2003 | Payee name Manuel Vega | Amount (\$) 165.00 | |
| Payee address; City; State; Zip Code 111 So. Leona San Antonio TX 78207 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Event Entertainment | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 12/02/2003 | Payee name W San Antonio Chamber of Commerce | Amount (\$) 125.00 | |
| Payee address; City; State; Zip Code 301 S Frio #157 San Antonio TX 78207 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Membership/Professional/Mayor | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| Date 12/02/2003 | Payee name Anne Whittington | Amount (\$) 500.00 | |
| Payee address; City; State; Zip Code 8715 Starcrest Drive San Antonio TX 78283 | | | |
| Purpose of expenditure (See instructions regarding type of information required.) Consulting | | Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held | |
| | | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

2004 JAN 15 PM 4:07

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|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 50/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 07/28/2003 | 5 Payee name AFL-CIO 6 Payee address; City; State; Zip Code 311 S. St. Mary's San Antonio TX 78205 7 Purpose of expenditure (See instructions regarding type of information required.) Fundraising/Central Council | 8 Amount (\$) 250.00 |
| Date 12/02/2003 | Payee name Holy Family Sr Citizens Special Events Payee address; City; State; Zip Code 511 Bangor San Antonio TX 78228 Purpose of expenditure (See instructions regarding type of information required.) Senior Activity Sponsor | Amount (\$) 100.00 |
| Date 11/18/2003 | Payee name Hope of Glory Senior Center Payee address; City; State; Zip Code 339 W Hutchins San Antonio TX 78221 Purpose of expenditure (See instructions regarding type of information required.) Senior Activity Sponsor | Amount (\$) 100.00 |
| Date 10/20/2003 | Payee name Jefferson Area Community Outreach Payee address; City; State; Zip Code 201 Meredith Drive San Antonio TX 78228 Purpose of expenditure (See instructions regarding type of information required.) Fundraising Event Sponsor | Amount (\$) 500.00 |
| Date 11/05/2003 | Payee name Jefferson Area Lasos Payee address; City; State; Zip Code 723 Donaldson San Antonio TX 78201 Purpose of expenditure (See instructions regarding type of information required.) Fundraising Event | Amount (\$) 300.00 |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages report: 51/51 |
| 2 FILER NAME Edward Garza | | 3 ACCOUNT # (Ethics Commission filers) 77777777 |
| 4 Date 07/09/2003 | 5 Payee name San Antonio Tennis Institute 6 Payee address; City; State; Zip Code 2602 Hillcrest Drive E San Antonio TX 78228 7 Purpose of expenditure (See instructions regarding type of information required.) Donation | 8 Amount (\$) 100.00 |
| Date 08/18/2003 | Payee name St. Leo's Community Center Payee address; City; State; Zip Code 4423 S. Flores San Antonio TX 78214 Purpose of expenditure (See instructions regarding type of information required.) Fundraiser/Senior Citizens | Amount (\$) 100.00 |
| Date 11/18/2003 | Payee name The Loving Dozen Payee address; City; State; Zip Code 10000 W Commerce San Antonio TX 78227 Purpose of expenditure (See instructions regarding type of information required.) Childrens Christmas Fund | Amount (\$) 100.00 |